

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: BETHANY HOME I (590177)
Address: 21856 AGATE RD, FREDERIC, WI 54837
License Status: REGULAR
Licensed/Certified/Registered 12/17/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095833 **End Date:** 09/19/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006368 Served 10/25/2005

Deficiencies Cited
88.07(2)(b)4

Subject Area
RECORD OF MEDICAL VISITS AND REPORTS

Compliance
Verified

Corrected

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Survey ID: 0092748 End Date: 05/03/2004 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009707 Served 05/21/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	09/20/2005	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	09/20/2005	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	09/20/2005	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	09/20/2005	Yes
88.05(3)(a)	HOME ENVIRONMENT	09/20/2005	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	09/20/2005	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	09/20/2005	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	09/20/2005	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	09/20/2005	Yes

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